

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

WESTERMAN FOR CONGRESS

ADDRESS (number and street)  
▼

PO BOX 21097

Check if different  
than previously  
reported. (ACC)

HOT SPRINGS

AR

71903

2. FEC IDENTIFICATION NUMBER ▼

C

C00548180

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

AR

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY CRATE

Signature of Treasurer

BRADLEY CRATE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 55

Write or Type Committee Name

**WESTERMAN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	65125.74	282666.33
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	75.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	65125.74	282591.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	83910.43	146383.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	83910.43	146383.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	136207.80	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 55

Write or Type Committee Name

**WESTERMAN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

50757.39

235977.77

**(ii) Unitemized.....**

8147.00

26394.61

**(iii) TOTAL of contributions from individuals ▶**

58904.39

262372.38

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

2500.00

10500.00

**(d) The Candidate.....**

3721.35

9793.95

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

65125.74

282666.33

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.20

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

65125.74

282666.53

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 55

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	83910.43	146383.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	75.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	75.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	83910.43	146458.73

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	154992.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	65125.74
25. SUBTOTAL (add Line 23 and Line 24).....	220118.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83910.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	136207.80

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. TRACY L ACKARD

A.

Mailing Address 100 CONES ROAD

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOT SPRINGS BEAUTY COLLEGE

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.5336

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. WILLIAM ROBERT ADAMS, JR.

B.

Mailing Address 498 FOUNDERS PARK WEST

City

SPRINGDALE

State

AR

Zip Code

72762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.5277

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. SAM ALLEY

C.

Mailing Address 54 CHENAL CIRCLE

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VCC

Occupation

CONSTRUCTION

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2014

Transaction ID : SA11AI.5369

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. CHAD AMERSON**

Mailing Address 1700 MALVERN AVENUE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL FINANCIAL ADVISOR, INC.

Occupation

FINANCIAL ADVISOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**DR. JAMES M. ARTHUR MD**Mailing Address 1 MERCY LANE  
SUITE 502

City

HOT SPRINGS NATIONAL PARK

State

AR

Zip Code

71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOT SPRINGS NS CLINIC

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : SA11AI.5163

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MS. JANE BALCH**

Mailing Address 1 NARVAEZ LANE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.5337

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. BARBARA BEEBE

A.

Mailing Address 10902 SPRING MOUNTAIN DR

City

FARMINGTON

State

AR

Zip Code

72730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.5279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. JV BROTHERTON

B.

Mailing Address P.O. BOX 1347

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRODIX INC.

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2014

Transaction ID : SA11AI.5204

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. TOM BRYANT

C.

Mailing Address 68 HARTURA WAY

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

207.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period

107.39

IN-KIND: MEETING EXPENSE: MEALS

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

607.39

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. NATHAN T. CALDWELL

A.

Mailing Address 943 HIGHLAND DR

City

MAGNOLIA

State

AR

Zip Code

71753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEISER BROWN OPERATING COMPANY

Occupation

OPERATIONS MANAGER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5433

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MRS. SUSAN C. CONRY

B.

Mailing Address 304 REDBIRD PLACE

City

HOT SPRINGS

State

AR

Zip Code

71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5471

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

CAPT. JOHN F. COTNER USAF-RET

C.

Mailing Address 5929 BROADWAY

City

MANSFIELD

State

AR

Zip Code

72944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

BEEF CATTLEMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.5359

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 55

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CAPT. JOHN F. COTNER USAF-RET**

Mailing Address 5929 BROADWAY

City	State	Zip Code
MANSFIELD	AR	72944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
BEEF CATTLEMAN

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		30		2014

Transaction ID : SA11AI.5370

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**MR. THOMAS DICKSON**

Mailing Address 1815 RANNOCH TERRACE

City	State	Zip Code
FORT SMITH	AR	72908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T. DICKSON SOLUTIONS, LLCOccupation  
OWNER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5476

Amount of Each Receipt this Period

1000.00

PARTNERSHIP ATTRIBUTION - T. DICKSON  
SOLUTIONS  
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**MR. RAY C DILLON**

Mailing Address 57 SOLOGNE CIRCLE

City	State	Zip Code
LITTLE ROCK	AR	72223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTIC TIMBEROccupation  
CEO

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5439

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. ROBERT C EAST

Mailing Address PO BOX 251556

City

LITTLE ROCK

State

AR

Zip Code

72225-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EAST HARDING CONSTRUCTION

Occupation

CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.5329

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. GAR EISELE

Mailing Address 76 CRAIG STREET

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WASHBURN'S INC.

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.5372

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. JOHN EMMONS

Mailing Address 33 ALICANTE PLACE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

596.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		09		2014

Transaction ID : SA11AI.5260

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. SHERMAN H EOFF

A.

Mailing Address 6112 PATTERSON ROAD

City

LITTLE ROCK

State

AR

Zip Code

72209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J. TYLER OF AR

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : SA11AI.5261

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MS. KATHERINE FAULK

B.

Mailing Address 4015 OLD OAK DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FUNDRAISER/EVENT PLANNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period

2350.00

Full Name (Last, First, Middle Initial)

DR. BOBBIE D. FINE JR., M.D.

C.

Mailing Address 107 LEIGH CIRCLE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARG, PA

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.5174

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MRS. MOZELLA D FLUCHT

Mailing Address 136 CHEROKEE DR

City

MAUMELLE

State

AR

Zip Code

72113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.5332

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

MR. CLAYTON FRENCH

Mailing Address 1208 BUTTERFIELD TRAIL

City

VAN BUREN

State

AR

Zip Code

72956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : SA11AI.5274

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MR. CLAYTON FRENCH

Mailing Address 1208 BUTTERFIELD TRAIL

City

VAN BUREN

State

AR

Zip Code

72956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		29		2014

Transaction ID : SA11AI.5373

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

275.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. JEFF FROST

A.

Mailing Address 11201 NORTHFIELD COURT

City

FORT SMITH

State

AR

Zip Code

72916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FROST OILOccupation  
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2014

Transaction ID : SA11AI.5222

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. ROBERT W. GARTHWAIT SR.

B.

Mailing Address P.O. BOX 1367

City

WATERBURY

State

CT

Zip Code

06721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLY. DEL MFG. CO.Occupation  
CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2014

Transaction ID : SA11AI.5224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. SPENCER HAWKS

C.

Mailing Address 1720 ROYAL DRIVE

City

CONWAY

State

AR

Zip Code

72034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRISSOM AND COMPANYOccupation  
OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2014

Transaction ID : SA11AI.5167

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1250.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. BETTY J HERRMANN

A.

Mailing Address 364 HERRMANN TRAIL

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		09		2014

Transaction ID : SA11AI.5262

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MS. BETTY J HERRMANN

B.

Mailing Address 364 HERRMANN TRAIL

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MR. SHERMAN HIATT

C.

Mailing Address P.O. BOX 837

City

CHARLESTON

State

AR

Zip Code

72933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITY OF CHARLESTON

Occupation

MAYOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5398

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH G. HILL

A.

Mailing Address 190 TAYLOR PLACE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5400

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. CHARLES LEDBETTER

B.

Mailing Address 500 GOSHEN ROAD

City

ARKADELPHIA

State

AR

Zip Code

71923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHARLES LEDBETTER LOGGING

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.5180

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. STEVE LEDWELL

C.

Mailing Address 3300 WACO STREET

City

TEXARKANA

State

TX

Zip Code

75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEDWELL &amp; SON

Occupation

OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. DANNY LINN

A.

Mailing Address P.O. BOX 2230

City

CONWAY

State

AR

Zip Code

72033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LINN'S AUTO COMPANY

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MS. CAROLE MARTIN

B.

Mailing Address P.O. BOX 469

City

MENA

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. HERBERT R. MARTIN

C.

Mailing Address 4006 LAKEVIEW RD

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-7303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SALMON COMPANIES

Occupation

RISK MANAGER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5455

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6200.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. MASSEY

A.

Mailing Address 235 WILD FLOWER COURT

City

HOT SPRINGS

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. JAMES W. MATHENEY JR.

B.

Mailing Address 713 N. JEFFERSON

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHOICE INVESTMENTS

Occupation

FINANCIAL ADVISOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.5186

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DR. MICKEY MATTHEWS

C.

Mailing Address 205 WILLOWBEND CIRCLE

City

HOT SPRINGS

State

AR

Zip Code

71913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. TRAVIS MITCHELL P.D.</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 06 / 2014	
Mailing Address 1201 LAKESHORE DRIVE APT 42		<b>Transaction ID : SA11AI.5153</b>	
City HOT SPRINGS NATIONAL PARK	State AR	Zip Code 71913	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. TRAVIS MITCHELL P.D.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 1201 LAKESHORE DRIVE APT 42		<b>Transaction ID : SA11AI.5142</b>	
City HOT SPRINGS NATIONAL PARK	State AR	Zip Code 71913	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation PHARMACIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00		
		IN-KIND: MEDIA PLACEMENT	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. MICHAEL MORTON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 415 ROGERS AVENUE		<b>Transaction ID : SA11AI.5456</b>	
City FORT SMITH	State AR	Zip Code 72901	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer CENTRAL ARKANSAS NURSING CENTERS	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. CODY MOSIER

A.

Mailing Address 2816 W. GREEN ACRES ROAD

City

SPRINGDALE

State

AR

Zip Code

72764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED AIRLINESOccupation  
PILOT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		09		2014

Transaction ID : SA11AI.5268

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. CODY MOSIER

B.

Mailing Address 2816 W. GREEN ACRES ROAD

City

SPRINGDALE

State

AR

Zip Code

72764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED AIRLINESOccupation  
PILOT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

646.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5376

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. RANDALL G. MOUROT

C.

Mailing Address 2212 BEECHWOOD

City

LITTLE ROCK

State

AR

Zip Code

72207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIUM REFRESHMENTOccupation  
WATER DISTRIBUTOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : SA11AI.5241

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. BETTY J MURPHY

A.

Mailing Address 200 TAYLOR PLACE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5457

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. JOHN NABHOLZ

B.

Mailing Address 2337 MARTHA DRIVE

City

CONWAY

State

AR

Zip Code

72032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NABHOLZ CONSTRUCTION

Occupation

IXCF TECHNOLOGY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MS. LORNA NOBLES

C.

Mailing Address 171 ARLINGTON PARK TERRACE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRADEMARK REAL ESTATE, INC.

Occupation

REAL ESTATE BROKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

Transaction ID : SA11AI.5207

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. BERNARD T NUGENT

Mailing Address 64 RESPLANDOR WAY

City

HOT SPRINGS

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.5191

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MS. DOROTHY M OTTO

Mailing Address 90 HARTURA WAY

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MR. ALAN PHILP

Mailing Address 403 S REED COURT

City

LAKEWOOD

State

CO

Zip Code

80226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COLLINS ANDERSON PHILP

Occupation

PUBLIC AFFAIRS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		23		2014

Transaction ID : SA11AI.5363

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. MICHAEL L RETZER JR.****A.**

Mailing Address 3 ELMWOOD

City

PINE BLUFF

State

AR

Zip Code

71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCDONALD'S

Occupation

FRANCHISE OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

**Transaction ID : SA11AI.5378**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**MR. MICHAEL L RETZER JR.****B.**

Mailing Address 3 ELMWOOD

City

PINE BLUFF

State

AR

Zip Code

71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCDONALD'S

Occupation

FRANCHISE OWNER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

**Transaction ID : SA11AI.5379**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**MR. MICHAEL L. RETZER SR.****C.**

Mailing Address 145 BAYAOU ROAD

City

GREENVILLE

State

MS

Zip Code

38701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETZER RESOURCES

Occupation

RESTAURANT OWNER

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

**Transaction ID : SA11AI.5381**

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. JERRY D. SAMS

A.

Mailing Address 3316 PECAN GROVE LANE

City

ALMA

State

AR

Zip Code

72921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRAL ARKANSAS NURSING CENTERS

Occupation

HEALTHCARE - LTC

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5459

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. JERRY D. SAMS

B.

Mailing Address 3316 PECAN GROVE LANE

City

ALMA

State

AR

Zip Code

72921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRAL ARKANSAS NURSING CENTERS

Occupation

HEALTHCARE - LTC

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5460

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

DR. SCOTT SELLER

C.

Mailing Address 103 RIDGEWAY

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELLER EYE CLINIC

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DR. LESTER M. SITZES III

A.

Mailing Address 1819 SOUTH MAIN STREET

City  
HOPEState  
ARZip Code  
71801-8117FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
DENTIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5462

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. WILBUR L SMITHER III

B.

Mailing Address 3310 FAIRMOUNT STREET  
APARTMENT 8ECity  
DALLASState  
TXZip Code  
75201FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.5349

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MRS. ASHLEY STEVENS

C.

Mailing Address 1605 SILVER OAK LANE

City  
LENOIR CITYState  
TNZip Code  
37772FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period

1450.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1950.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MS. BETTY JANE STRONG</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 6610 MIDDLE WARREN ROAD			<b>Transaction ID : SA11AI.5334</b>	
City	State	Zip Code		
PINE BLUFF	AR	71603		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer STRONG FOUNDATION		Occupation MANAGING ASSISTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. BLAKE STUART</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1717 DOGWOOD ST			<b>Transaction ID : SA11AI.5464</b>	
City	State	Zip Code		
MAGNOLIA	AR	71753		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF		Occupation CERTIFIED PETROLEUM LAND MAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>T. DICKSON SOLUTIONS, LLC</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1815 RANNOCH TERRACE			<b>Transaction ID : SA11AI.5421</b>	
City	State	Zip Code		
FORT SMITH	AR	72908		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00 PARTNERSHIP CONTRIBUTION - SEE MEMO ENTRY	
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. DARRELL TEETER****A.**

Mailing Address P.O. BOX 748

City

MALVERN

State

AR

Zip Code

72104

FEC ID number of contributing federal political committee.

C

Name of Employer

TEETER MOTORS

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.5201

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**MR. JOHN D. TRIMBLE****B.**

Mailing Address 114 W. MAIN STREET

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

INVESTMENTS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : SA11AI.5251

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**DR. LORRAINE C. TSUI****C.**

Mailing Address 591 PENNSULA DRIVE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

7800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5144

Amount of Each Receipt this Period

200.00

REDESIGNATION FROM RUNOFF

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DR. LORRAINE C. TSUI****A.**

Mailing Address 591 PENNSULA DRIVE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
PHYSICIAN

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Runoff

Election Cycle-to-Date

7600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

**Transaction ID : SA11AI.5145**

Amount of Each Receipt this Period

-200.00

REDESIGNATION TO PRIMARY

Full Name (Last, First, Middle Initial)

**MR. STEVE A TURNER****B.**

Mailing Address 126 BASSETT TRAIL

City

LONSDALE

State

AR

Zip Code

72087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-SOUTH ENGINEERING COMPANYOccupation  
CONTROLLER

Receipt For: 2014

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

**Transaction ID : SA11AI.5412**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**MR. CARL VERCOLLONE****C.**

Mailing Address 25 CERULEAN WAY

City

LINCOLN

State

MA

Zip Code

01773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
42 NORTH STRUCTURED FINANCEOccupation  
FINANCE

Receipt For: 2014

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

**Transaction ID : SA11AI.5270**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

400.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. DAVID E VINK

A.

Mailing Address 10 ANDORRA TRCE

City

HOT SPRINGS VILLAGE

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		06		2014

Transaction ID : SA11AI.5157

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JEANETTE L WESTERMAN

B.

Mailing Address 175 JEAN ANDY LANE

City

LONSDALE

State

AR

Zip Code

72087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1514.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		13		2014

Transaction ID : SA11AI.5492

Amount of Each Receipt this Period

14.26

IN-KIND: POSTAGE

Full Name (Last, First, Middle Initial)

JEANETTE L WESTERMAN

C.

Mailing Address 175 JEAN ANDY LANE

City

LONSDALE

State

AR

Zip Code

72087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1537.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : SA11AI.5491

Amount of Each Receipt this Period

23.65

IN-KIND: MEETING EXPENSE: MEALS

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

287.91

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

JEANETTE L WESTERMAN

Mailing Address 175 JEAN ANDY LANE

City

LONSDALE

State

AR

Zip Code

72087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1562.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2014

Transaction ID : SA11AI.5490

Amount of Each Receipt this Period

24.45

IN-KIND: MEETING EXPENSE: SUPPLIES

B.

Full Name (Last, First, Middle Initial)

JEANETTE L WESTERMAN

Mailing Address 175 JEAN ANDY LANE

City

LONSDALE

State

AR

Zip Code

72087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2014

Transaction ID : SA11AI.5493

Amount of Each Receipt this Period

12.64

IN-KIND: MEETING EXPENSE: MEALS

C.

Full Name (Last, First, Middle Initial)

MR. JOHN WESTERMAN

Mailing Address 140 JEAN ANDY LANE

City

LONSDALE

State

AR

Zip Code

72087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-SOUTH ENGINEERING

Occupation

ENGINEER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.5161

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

287.09

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. RICK A WILSON

A.

Mailing Address 905 SUNSHINE ROAD

City

ROYAL

State

AR

Zip Code

71968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R.A. WILSON ENTERPRISES, LLC

Occupation

REAL ESTATE DEVELOPER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. DAVID J WITCHGER

B.

Mailing Address 46 HARTURA WAY

City

HOT SPRINGS

State

AR

Zip Code

71909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.5354

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

MR. JOE L. WOOSLEY

C.

Mailing Address 201 DEANWOOD TERRACE

City

HOT SPRINGS

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MRS. JUDY L. WORKMAN

Mailing Address 611 SPENCER DRIVE

City

PARAGOULD

State

AR

Zip Code

72450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2014

Transaction ID : SA11Al.5417

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

50757.39

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 55

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)**

Mailing Address 1012 CAMERON ST

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

**C** C00424788

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : SA11C.5494

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

2500.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 55

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 07 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5486</b>	
City	State	Zip Code	Amount of Each Receipt this Period 16.08	
HOT SPRINGS	AR	71903	IN-KIND: MEETING EXPENSE: MEALS	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4006.14		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5146</b>	
City	State	Zip Code	Amount of Each Receipt this Period 18.40	
HOT SPRINGS	AR	71903	IN-KIND: POSTAGE	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4024.54		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5483</b>	
City	State	Zip Code	Amount of Each Receipt this Period 43.27	
HOT SPRINGS	AR	71903	IN-KIND: MEETING EXPENSE: MEALS	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4067.81		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			77.75	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 55

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

WESTERMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. BRUCE WESTERMAN

A.

Mailing Address PO BOX 21097

City

HOT SPRINGS

State

AR

Zip Code

71903

FEC ID number of contributing  
federal political committee.

C H4AR04048

Name of Employer

MID-SOUTH ENGINEERING COMPANY

Occupation

ENGINEER/FORESTER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4078.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Transaction ID : SA11D.5488

Amount of Each Receipt this Period

10.66

IN-KIND: TRAVEL

Full Name (Last, First, Middle Initial)

MR. BRUCE WESTERMAN

B.

Mailing Address PO BOX 21097

City

HOT SPRINGS

State

AR

Zip Code

71903

FEC ID number of contributing  
federal political committee.

C H4AR04048

Name of Employer

MID-SOUTH ENGINEERING COMPANY

Occupation

ENGINEER/FORESTER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4111.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : SA11D.5484

Amount of Each Receipt this Period

33.37

IN-KIND: MEETING EXPENSE: MEALS

Full Name (Last, First, Middle Initial)

MR. BRUCE WESTERMAN

C.

Mailing Address PO BOX 21097

City

HOT SPRINGS

State

AR

Zip Code

71903

FEC ID number of contributing  
federal political committee.

C H4AR04048

Name of Employer

MID-SOUTH ENGINEERING COMPANY

Occupation

ENGINEER/FORESTER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4130.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		18		2014

Transaction ID : SA11D.5485

Amount of Each Receipt this Period

18.40

IN-KIND: POSTAGE

SUBTOTAL of Receipts This Page (optional).....

62.43

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 55

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5489</b>	
City	State	Zip Code	Amount of Each Receipt this Period 10.47	
HOT SPRINGS	AR	71903	IN-KIND: TRAVEL	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4140.71		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5487</b>	
City	State	Zip Code	Amount of Each Receipt this Period 13.33	
HOT SPRINGS	AR	71903	IN-KIND: TRAVEL	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4154.04		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5479</b>	
City	State	Zip Code	Amount of Each Receipt this Period 227.00	
HOT SPRINGS	AR	71903	IN-KIND: TRAVEL	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4381.04		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			250.80	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5480</b>	
City	State	Zip Code	Amount of Each Receipt this Period 112.83	
HOT SPRINGS	AR	71903	IN-KIND: TRAVEL	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4493.87		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5481</b>	
City	State	Zip Code	Amount of Each Receipt this Period 73.94	
HOT SPRINGS	AR	71903	IN-KIND: TRAVEL	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4567.81		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5478</b>	
City	State	Zip Code	Amount of Each Receipt this Period 563.76	
HOT SPRINGS	AR	71903	IN-KIND: TRAVEL	
FEC ID number of contributing federal political committee.		C H4AR04048		
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5131.57		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			750.53	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 55

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**WESTERMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5482</b>	
City	State	Zip Code		
HOT SPRINGS	AR	71903		
FEC ID number of contributing federal political committee.		<b>C</b> H4AR04048	Amount of Each Receipt this Period 50.00	
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER	IN-KIND: MEETING EXPENSE: MEALS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5181.57		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MR. BRUCE WESTERMAN</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO BOX 21097			<b>Transaction ID : SA11D.5477</b>	
City	State	Zip Code		
HOT SPRINGS	AR	71903		
FEC ID number of contributing federal political committee.		<b>C</b> H4AR04048	Amount of Each Receipt this Period 2529.84	
Name of Employer MID-SOUTH ENGINEERING COMPANY		Occupation ENGINEER/FORESTER	IN-KIND: TRAVEL: MILEAGE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7711.41		

<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				
City	State	Zip Code		
FEC ID number of contributing federal political committee.		<b>C</b>	Amount of Each Receipt this Period	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2579.84
<b>TOTAL</b> This Period (last page this line number only).....	3721.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AEGIS STRATEGIC, LLC**

Mailing Address 1515 N. COURTHOUSE RD., SUITE 600

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB17.5071

**B. AV ARKANSAS**

Mailing Address 819 W 8TH ST.

City	State	Zip Code
LITTLE ROCK	AR	72201

Purpose of Disbursement  
EVENT CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2014

Amount of Each Disbursement this Period

953.05
--------

Transaction ID : SB17.5073

**C. MR. TOM BRYANT**

Mailing Address 68 HARTURA WAY

City	State	Zip Code
HOT SPRINGS VILLAGE	AR	71909

Purpose of Disbursement  
IN-KIND: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

107.39
--------

Transaction ID : SB17.5118

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5060.44

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address 1030 DELTA BOULEVARD

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement  
CANIDATE IN-KIND: TRAVEL: AIR

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

Amount of Each Disbursement this Period

227.00
--------

Transaction ID : SB17.5064

**[MEMO ITEM]****B. DELTA**

Mailing Address 1030 DELTA BOULEVARD

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement  
CANIDATE IN-KIND: TRAVEL: AIR

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

290.00
--------

Transaction ID : SB17.5067

**[MEMO ITEM]****C. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City	State	Zip Code
WASHINGTON	DC	20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2014

Amount of Each Disbursement this Period

5.08
------

Transaction ID : SB17.5076

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5.08
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

128.69
--------

Transaction ID : SB17.5077

**B. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2014

Amount of Each Disbursement this Period

9.57
------

Transaction ID : SB17.5078

**C. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2014

Amount of Each Disbursement this Period

12.58
-------

Transaction ID : SB17.5079

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

150.84



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

24.22
-------

Transaction ID : SB17.5080

**B. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2014

Amount of Each Disbursement this Period

51.85
-------

Transaction ID : SB17.5081

**C. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2014

Amount of Each Disbursement this Period

9.22
------

Transaction ID : SB17.5082

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

85.29

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE, LLC**Mailing Address 2125 14TH STREET, NW  
SUITE 101 WEST

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	27	2014

Amount of Each Disbursement this Period

55.76
-------

Transaction ID : SB17.5083

**B. DOUBLETREE HOTEL**

Mailing Address 300 ARMY/NAVY DRIVE

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
CANIDATE IN-KIND: TRAVEL: LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2014

Amount of Each Disbursement this Period

77.97
-------

Transaction ID : SB17.5066

[MEMO ITEM]

**C. HIGH VELOCITY PRINTING & GRAPHICS, LLC**

Mailing Address 25608 INTERSTATE 30

City BRYANT State AR Zip Code 72022

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	20	2014

Amount of Each Disbursement this Period

4241.74
---------

Transaction ID : SB17.5090

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4297.50

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HILTON GARDEN INN**

Mailing Address 291 OLD GATE LANE

City	State	Zip Code
MILFORD	CT	06460

Purpose of Disbursement  
CANIDATE IN-KIND: TRAVEL: LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

211.60
--------

Transaction ID : SB17.5069

**[MEMO ITEM]****B. KLF & COMPANY**

Mailing Address PO BOX 22642

City	State	Zip Code
LITTLE ROCK	AR	72221

Purpose of Disbursement  
FUNDRAISING CONSULTING & EXPENSES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2014

Amount of Each Disbursement this Period

2212.97
---------

Transaction ID : SB17.5091

**C. KLF & COMPANY**

Mailing Address PO BOX 22642

City	State	Zip Code
LITTLE ROCK	AR	72221

Purpose of Disbursement  
FUNDRAISING CONSULTING & EXPENSES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

Amount of Each Disbursement this Period

11636.06
----------

Transaction ID : SB17.5092

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13849.03

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. KLF & COMPANY**

Mailing Address PO BOX 22642

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

City	State	Zip Code
LITTLE ROCK	AR	72221

Amount of Each Disbursement this Period

2060.20
---------

Purpose of Disbursement  
FUNDRAISING CONSULTING & EXPENSESCategory/  
Type**Transaction ID : SB17.5093**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. KVRE 92.9 FM**

Mailing Address 122 DESOTO CENTER DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2014

City	State	Zip Code
HOT SPRINGS VILLAGE	AR	71909

Amount of Each Disbursement this Period

402.00
--------

Purpose of Disbursement  
MEDIA PLACEMENTCategory/  
Type**Transaction ID : SB17.5095**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. MR. TRAVIS MITCHELL P.D.**Mailing Address 1201 LAKESHORE DRIVE  
APT 42

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

City	State	Zip Code
HOT SPRINGS NATIONAL PARK	AR	71913

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
IN-KIND: MEDIA PLACEMENTCategory/  
Type**Transaction ID : SB17.5120**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3462.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TRAIL

City	State	Zip Code
BOCA RATON	FL	33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

193.67
--------

Transaction ID : SB17.5098

**B. OFFICE DEPOT**

Mailing Address 6600 NORTH MILITARY TRAIL

City	State	Zip Code
BOCA RATON	FL	33496

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

Amount of Each Disbursement this Period

32.21
-------

Transaction ID : SB17.5099

**C. PAYNAL CONSULTING**Mailing Address 103 MAIN STREET  
W204

City	State	Zip Code
LITTLE ROCK	AR	72201

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2014

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB17.5100

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4225.88

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PAYNAL CONSULTING**Mailing Address 103 MAIN STREET  
W204

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.5101

**B. PAYNAL CONSULTING**Mailing Address 103 MAIN STREET  
W204

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.5102

**C. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
FIRST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2014

Amount of Each Disbursement this Period

59.87
-------

Transaction ID : SB17.5103

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10059.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
FIRST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2014

Amount of Each Disbursement this Period

2416.09
---------

Transaction ID : SB17.5104

**B. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
FIRST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2014

Amount of Each Disbursement this Period

2559.55
---------

Transaction ID : SB17.5105

**C. REPUBLICAN PARTY OF ARKANSAS**

Mailing Address 1201 WEST SIXTH

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement  
FILING FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

Amount of Each Disbursement this Period

15000.00
----------

Transaction ID : SB17.5107

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

19975.64

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. THIRD WAVE COMMUNICATIONS, LLC**Mailing Address 448 W NATIONWIDE BLVD  
SUITE 106

City COLUMBUS State OH Zip Code 42315

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

5500.00
---------

Transaction ID : SB17.5109

**B. THIRD WAVE COMMUNICATIONS, LLC**Mailing Address 448 W NATIONWIDE BLVD  
SUITE 106

City COLUMBUS State OH Zip Code 42315

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

1790.56
---------

Transaction ID : SB17.5110

**C. TV EYES**

Mailing Address 2150 POST ROAD, 3RD FL

City FAIRFIELD State CT Zip Code 06824

Purpose of Disbursement  
MEDIA MONITORING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.5112

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8040.56



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. UNISOURCE DIRECT**

Mailing Address P.O. BOX 82

City	State	Zip Code
WATERTOWN	WI	53094

Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2014

Amount of Each Disbursement this Period

4521.52
---------

Transaction ID : SB17.5113

**B. UNISOURCE DIRECT**

Mailing Address P.O. BOX 82

City	State	Zip Code
WATERTOWN	WI	53094

Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2014

Amount of Each Disbursement this Period

5900.86
---------

Transaction ID : SB17.5114

**C. USPS**

Mailing Address 335 SECTION LINE ROAD

City	State	Zip Code
HOT SPRINGS	AR	71901

Purpose of Disbursement  
CANIDATE IN-KIND: POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

18.40
-------

Transaction ID : SB17.5061

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10422.38
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# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 55

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 335 SECTION LINE ROAD

City State Zip Code  
HOT SPRINGS AR 71901

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 16 / 2014

Amount of Each Disbursement this Period

6.11

Transaction ID : SB17.5115

## **B. USPS**

Mailing Address 335 SECTION LINE ROAD

City State Zip Code  
HOT SPRINGS AR 71901

Purpose of Disbursement  
CANIDATE IN-KIND: POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 18 / 2014

Amount of Each Disbursement this Period

18.40

Transaction ID : SB17.5062

[MEMO ITEM]

## **c. USPS**

Mailing Address 335 SECTION LINE ROAD

City State Zip Code  
HOT SPRINGS AR 71901

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
02 / 20 / 2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5116

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

256.11

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 335 SECTION LINE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

City	State	Zip Code
HOT SPRINGS	AR	71901

Amount of Each Disbursement this Period

19.99
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.5117

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

City	State	Zip Code
HOT SPRINGS	AR	71903

Amount of Each Disbursement this Period

16.08
-------

Purpose of Disbursement  
IN-KIND: MEETING EXPENSE: MEALSCategory/  
Type

Transaction ID : SB17.5137

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AR District: 04

Full Name (Last, First, Middle Initial)

**C. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

City	State	Zip Code
HOT SPRINGS	AR	71903

Amount of Each Disbursement this Period

18.40
-------

Purpose of Disbursement  
IN-KIND: POSTAGECategory/  
Type

Transaction ID : SB17.5121

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: AR District: 04

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

54.47

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: AR District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2014

Amount of Each Disbursement this Period

43.27
-------

Transaction ID : SB17.5135

**B. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: AR District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2014

Amount of Each Disbursement this Period

10.66
-------

Transaction ID : SB17.5139

**C. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: AR District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2014

Amount of Each Disbursement this Period

33.37
-------

Transaction ID : SB17.5134

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

87.30
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: POSTAGE

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 18 / 2014

Amount of Each Disbursement this Period

18.40
-------

Transaction ID : SB17.5138

**B. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 22 / 2014

Amount of Each Disbursement this Period

10.47
-------

Transaction ID : SB17.5133

**C. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
01 / 30 / 2014

Amount of Each Disbursement this Period

13.33
-------

Transaction ID : SB17.5132

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

42.20
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2014

Amount of Each Disbursement this Period

227.00
--------

Transaction ID : SB17.5129

**B. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

112.83
--------

Transaction ID : SB17.5130

**C. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

Amount of Each Disbursement this Period

73.94
-------

Transaction ID : SB17.5140

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

413.77

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 55

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**WESTERMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
02 / 06 / 2014

Amount of Each Disbursement this Period

563.76
--------

Transaction ID : SB17.5131

**B. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
03 / 18 / 2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.5136

**C. MR. BRUCE WESTERMAN**

Mailing Address PO BOX 21097

City	State	Zip Code
HOT SPRINGS	AR	71903

Purpose of Disbursement  
IN-KIND: TRAVEL: MILEAGE

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period

2529.84
---------

Transaction ID : SB17.5128

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3143.60

83632.16